

## CERTIFICATE OF MAILING

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TECH CENTER 1600/2900

Name (Print/Type) Donna J. Macedo Signature *D. Macedo* Date 7/19/01

**Combined  
Transmittal and Fee Calculation Sheet**

☐ Small Entity ☒ Large Entity

Application Number 09/834,747  
Confirmation Number 4271  
Filing Date April 13, 2001  
First Named Inventor Sternberg  
Examiner Unassigned  
Group Art 1632  
Attorney Docket No. BIOT008

## ENCLOSED:

☐ Amendment Under Rule☐ 37 CFR \$☐ Pages

Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
Total					\$ -
Independent					\$ -
Multiple					
Total Extra Claim Fees					\$ -

☐ Extension of time from \_\_\_\_\_ to \_\_\_\_\_ Fee

☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee

Fee

☐ Executed Declaration

Pages

Surcharge Fee

☐ Other

Fee

Fee

Fee

Fee

Subtotal \$ -

☒ Information Disclosure Statement

☒ PTO Form 1449

Pages

1

☒ 2 Copies of Cited References☒ Other Copy of International Search Report

Fee

Subtotal \$ -

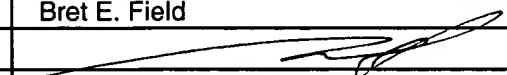
☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification☐ Paper Copy of Sequence Listing

Pages

☐ Diskette in computer-readable format☐ Other

Fee

<input type="checkbox"/> Terminal Disclaimer		Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages		Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages		Fee
<input type="checkbox"/> Reply Brief	Pages		Fee \$ -
			Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees		Fee	
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard		<b>TOTAL FEES \$ -</b>	
<p><b>Th Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</b></p>			
<b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b>			
Name (Print/Type)	Bret E. Field		Registration No. 37,620
Signature			Date 7.18.01
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California
		zip	94025
Telephone - Direct Dial		Facsimile	650-327-3231

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